

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne
 City or town Star Line Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

Joseph Reese Berman

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Margaret Hickman Berman

7. Birth date of

deceased (mo., day, yr.)

November 26 - 1858

6. (c) If alive, give age

69 years

8. AGE:

Years

Months

Days

If less than one day

86623

hrs.

min.

8. Birthplace

Baltimore, Maryland
(Town, county, and state)

10. Usual occupation

Ironmith & Waterman

11. Industry or business

FATHER

12. Name

Joseph Berman

13. Birthplace

Baltimore

MOTHER

14. Maiden name

Amanda

15. Birthplace

Do not know

18. Informant

Address

Margaret Berman
Centerville, Maryland

17.

(Burial, cremation, or removal, with)

Date thereof

June 20 1945
(month) (day) (year)

Cemetery or crematorium

Chesterfield

Location

Centerville Maryland

18. Funeral director

Address

Barton Bros
Centerville, Maryland

19.

(Date rec'd by registrar)

June 20 - 45 - Elsie Armstrong
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1945, at 11 A M

1. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 1944, to June 18 1945and that I last saw him alive on 1945

Immediate cause of death

DURATION

Heart attack (sudden)

Due to

Due to

Other conditions Chronic Intestinal Infestation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. Henry Fisher

M. D. or other

Address Centerville Md Date signed 6/19/45

RECEIVED
JUN 22 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06315

Reg. Dist. No. 252

1. PLACE OF DEATH:

County DuPage AnneCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DuPage AnneCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

George Carroll Jr

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 23 - 1944

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

11

_____ hrs.

_____ min.

9. Birthplace

Centerville, Maryland
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

George Carroll

13. Birthplace

Queenstown, Md

MOTHER

14. Maiden name

Mary King

15. Birthplace

Centerville, Md

16. Informant

Address

Mary King
Centerville, Md

17.

(Burial, cremation, or removal) (When)

Date thereof

June 23, 45
(month) (day) (year)

Cemetery or crematory

Chestersfield

Location

Centerville, Md

18. Funeral director

Address

Barton Bros
Centerville, Md.

19.

6-23-
(Data rec'd by registrar)

19.

45 Elie Ametree
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 45, at 4:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 19 45, to June 22 19 45
and that I last saw him alive on June 22 19 45

Immediate cause of death

DURATION

Marasmus6 mo

Due to

or more

Due to

Chronic neglect & attentionfrom birth

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Lay, MD

M. D. or other

Address

Centerville, MdDate signed 6-22-45

RECEIVED
JUN 25 1945
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

06316

★ 254
Reg. Dist. No.

1. PLACE OF DEATH: Green Anne
County Green Anne
City or town Green Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Green Anne
City or town Green Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) No
2.(a) If veteran, name war

3. (a) FULL NAME Archie Wellington Cawsey

3. (b) Social Security Number None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
B.(b) Name of husband or wife Laura Rebecca Cawsey
6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec 17-1880
8. AGE: Years 64 Months 6 Days 14 If less than one day
hrs. min.

9. Birthplace Green Anne
(Town, county, and state)

10. Usual occupation Builder

11. Industry or business

FATHER 12. Name William Cawsey
13. Birthplace Green Anne

MOTHER 14. Maiden name Caroline Lynch
15. Birthplace Kent Co - Md

16. Informant Mrs. Laura Rebecca Cawsey
Address Green Anne - Md

17. Burial, cremation, or removal, which? Burial Date thereof July 3-45
(month) (day) (year)
Cemetery or crematory Chestnutfield
Location Centerville - Md

18. Funeral director Barton Bros
Address Centerville - Md

19. Date rec'd by registrar July 2 45 H. M. Aldridge
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1945, at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw him alive on
Immediate cause of death

Coronary Occlusion (Sudden)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur?
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE W. Henry Fralich M.D. or other
Centerville Md Date signed 7-2-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED

JUL 5 1945

BUREAU OF S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06317

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Town Anne
 City or town Mr Town Anne Sta
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 84 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Town Anne
 City or town Mr Town Anne Sta
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Joseph Price Harrison

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Clara Tenora

7. Birth date of deceased (mo., day, yr.)

June 14 - 1861

8. (c) If alive, give age 47 years

8. AGE:

Years	Months	Days	If less than one day
84	0	1	hrs. min.

9. Birthplace

Mr Town Anne Sta. 2a Co
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Lebanon Henry Harris

12. Name

Lebanon Henry Harris

13. Birthplace

Town Anne Co

14. Maiden name

Nathle Mc Goshlin

15. Birthplace

Town Anne Co

16. Informant

Mr Clara Beele Mase

Address

Centreville, Md

17. Burial

Burial Date thereof June 18 - 45
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Greenmount

Location

Hillsboro - Md

18. Funeral director

Barton Bros

Address

Centreville, Md

19. Date rec'd by registrar

June 18 1945

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 45 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 14 19 38 to June 15 19 45and that I last saw him alive on June 15 19 45

Immediate cause of death

Senility

Dehydration

Excessive heat

Arteriosclerosis

Senility

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. J. Harris MD

Ridgely Md M. D. or other

Date signed 6-16-45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 22 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne's
 City or town Sudbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs
 Hospital, institution, or street address where death occurred:
no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Sudbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Joseph Emil Jorgensen

3. (b) Social Security Number

716-16-6652

Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Evelyn Jorgensen7. Birth date of deceased (mo., day, yr.) Feb 19, 1884

8. AGE: Years 61 Months 3 Days 25 If less than one day
 hrs. min.

9. Birthplace Norway10. Usual occupation Retired Post Wood Pacing11. Industry or business P.R.R. Co12. Name Thorbjorn Jorgensen13. Birthplace Norway14. Maiden name Anne P. Jorgensen15. Birthplace Norway16. Informant Wm E. JorgensenAddress Sudbury, Md.17. Burial Date thereof 6/6/45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory SudburyLocation Sudbury, Maryland18. Funeral director Wm V. WilliamsAddress Christman, Maryland

19. June 4 1945 Edgar E. Lane

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 19 45 at 7:04 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 19 45 to June 4 19 45and that I last saw him alive on June 3 19 45Immediate cause of death Acute Coronary ArteriosclerosisDue to Coronary ArteriosclerosisDue to Acute Coronary ArteriosclerosisOther conditions Chronic HypertensionMajor findings of operations noAutopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury no Injured at work?23. SIGNATURE @ H. WhitecliffAddress Sudbury, Md.Date signed 6/4/45

RECEIVED
JUN 9 1945
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (H)

CERTIFICATE OF DEATH

06319

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne

City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Florida County Dade County

City or town Homestead
(If outside city or town limits, write RURAL and give nearest town)

Street No. West Murray St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lida Catherine Kelly

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

B. (b) Name of husband or wife

Raymond E. Kelly

7. Birth date of deceased (mo., day, yr.)

January 22 - 1895

6. (c) If alive, give age

54 years

8. AGE:

Years

Months

Days

If less than one day

50

4

22

hrs.

min.

B. Birthplace

in New Kensington Pa
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Do not know

13. Birthplace

West Virginia

14. Maiden name

Hook

15. Birthplace

Pa

18. Informant

Raymond E. Kelly

Address

Centerville Maryland

17.

(Burial, cremation, or removal, Which?)

Date thereof

June 18 - 45
(month) (day) (year)

Cemetery or crematory

New Kensington, Pa.

Location

Barton Bros

18. Funeral director

Address

Centerville, Maryland

19. Date rec'd by registrar

June 15, 1945

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1945 at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1945 to June 13 1945

and that I last saw him alive on June 12 1945

Immediate cause of death

Aquina Pectoris

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address

Centerville Md

Date signed 6/19/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 19 1961
BOSTON

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County... *Queen Anne's*City or town... *Near Millington*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *Life*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Maryland* County... *Queen Anne's*City or town... *Near Millington*
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Anna Bell Lindsey

3. (b) Social Security Number

*none*4. Sex *Female*5. Color or race *White*6. (a) Single, married, widowed, or divorced *Widowed*6. (b) Name of husband or wife *Charles Lindsey*

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) *July 26 1866*8. AGE: Years *78* Months *10* Days *7* If less than one day

min.

8. Birthplace... *Lumpkin, Md.*
(Town, county, and state)10. Usual occupation... *School Teacher*

11. Industry or business

12. Name... *Love Everett*13. Birthplace... *Maryland*14. Maiden name... *Robert Peters*15. Birthplace... *Maryland*16. Informant... *Mrs. L. Gordon*Address... *Near Millington, Md.*17. *Burial* Date thereof *June 12 1945*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... *Ludlowville*Location... *Ludlowville, Md.*18. Funeral director... *Edward H. Low*Address... *Millington, Md.*19. *June 4 45* *Edgar L. Lane*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 2nd* 19*45*, at *2 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 21st* 19*45*, to *June 2nd* 19*45*, and that I last saw him alive on *June 2nd* 19*45*.Immediate cause of death... *apoplexy*Due to... *hypertension*

Due to... ..

Other conditions... ..

(Include pregnancy within 3 months of death)

Major findings of operations... ..

Date of op.

Autopsy results... ..

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... .. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... *L. P. Cofland* M.D.Address... *Millington* Date signed *June 4 45*

RECEIVED
JUN 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B2)

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH:

County... Queen Anne
 City or town... Centerville Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind County... Queen Anne
 City or town... Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

John Albert Smith

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ida A. Smith

7. Birth date of deceased (mo., day, yr.)

Jan 1 - 1872

8. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

It less than one day

7353

.....hrs.

.....min.

9. Birthplace

Bailey Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

John Smith

13. Birthplace

Queen Anne Co. Ind.

14. Maiden name

Janet Harrison

15. Birthplace

Queen Anne Co. Ind.

16. Informant

Address

Mrs. Ida SmithCenterville Ind R. F. D. 1

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 6 - 1945
(month) (day) (year)

Cemetery or crematory

Centerville Cem

Location

Centerville Ind.

18. Funeral director

Address

Edgar L. LaneChurch Hill Ind.

19.

(Date rec'd by registrar)

June 4 45Elias Armstrong
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 4 19... 45 at... 7:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

no doctor 19... to... 19...

and that I last saw h... alive on... 19...

Immediate cause of death

Coronary embolism

DURATION

Due to

arterio sclerosis

Due to

chronic interstitial nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results... no autopsy Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Samuel H. White M.D. M. D. or otherAddress... Centerville Ind. Date signed 6-4-45

RECEIVED
JUN 11 1945
BUREAU V.S.